Application for renew a major hazard facility licence

This form is used to renew a major hazard facility licence in accordance with Regulation 596 of the Work Health and Safety (Nation Uniform Legislation) Regulations 2011.

For the relevant a	pplication f	ee, visit t	he <u>licensing fe</u>	es and	l charg	<u>es</u> v	vebpa	ge.					
Application tier:	Tier 1		Tier 2			Т	ier 3						
1. Details of curre	ent licence	holder											
MHF licence number:	:					Exp	oiry dat	:e:					
Company name:													
Trading name:							ABN/	ACN:					
Contact person:				Posit	ion:								
Contact number:				Mobi	ile num	ber:							
Email address:													
Address::													
Suburb:				State	:				P	ostcode:			
Is your postal address	the same as	above? If	no, complete be	elow:	Yes			No					
Postal address:													
Suburb:						State	e:			Postcode	:		
2. Emergency person details													
Is your emergency pe	erson the sam	ne as abov	e? (If no, compl	ete the	e below	')				Yes 🗆	N	0	
Surname:				Gi	iven na	me:							
Contact number:				М	obile n	umb	er:						
3. Safety case													
An electronic copy of	the safety ca	ase is subi	mitted with this	applica	ition.								
Note: An independent third party must certify the safety case who is not the person or group of persons who developed or amended the safety case. \Box													
4. Safety case cer	rtifier deta	ils											
Surname:				G	iven na	me:							
Certifiers organisation	n name: (if app	licable)											
Contact number:		-		М	lobile n	umb	er:						
Email address:							-						
Copy of certifiers res	ume/qualifica	ations atta	ached										
I declare that I am an independent third party and have not been involved in the development of this safety case.													
I declare that I am a competent person who has attained the necessary skills, knowledge and experience to assess the safety case and that it complies with Chapter 9 of the Work Health and Safety (National Uniform Legislation) Regulations 2011.													
Certifier signature:							D	ate:					





5. ASIC register					
An extract from the ASIC register is attached or officers having an interest.	which lists the cu	rrent owner((s), part-owner(s), director(s),	partner(s)	
6. Quantities					
Proper shipping name	Storage method				
7. Licence cancellation/suspension/re	efusal details (i	if applicant i	s an individual or body corpo	orate)	
NOTE: if a Body Corporate, an Officer is defin	ned within the Co	rporations Ac	t 2011.		
Separate declarations are required for each O for each Officer.	fficer. If there is r	more than on	ne declaration, please attach	a separate	sheet
Has the Operator/Individual (or in the case of ever been convicted or found guilty of an offerany corresponding WHS law? (If YES, describe any conviction or finding of guilties)	ence under the W	HS Act or W	/HS Regulations or under	Yes 🗆	No 🗆
Has the Operator/Individual (or in the case of ever entered into an enforceable undertaking law? (If YES, describe any conviction or finding of guidents)	under the WHS A	Act or under	any corresponding WHS	Yes 🗆	No 🗆
	Ţ.	•			
Has the Operator/Individual (or in the case of been previously refused a major hazard facility (If YES, describe any conviction or finding of guilt incl	y licence under a	correspondi		Yes 🗆	No □
If the Operator/Individual (or in the case of a previously held a MHF licence under a correspondant to a condition that has been imposed on the	oonding WHS law			Yes 🗆	No □
4b. that the licence had been suspended or ca disqualified from applying for a major hazard f		whether or	not the operator had been	Yes 🗆	No □

Section 268 of the WHS Act specifies that a person must not give information in complying or purportedly complying with the Act that the person knows to be false or misleading in a material particular; or omits any matter or thing without which the information is misleading. This section has a maximum penalty of \$10,000 for an individual and \$50,000 for a body corporate.

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v.	1100			

·	How do you wish to receive the licence? Post □ Email □ Collection □
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9. Applicant declaration

Section 268 of the WHS Act specifies that a person must not give information in complying or purportedly complying with the Act that the person knows to be false or misleading in a material particular; or omits any matter or thing without which the information is misleading. This section has a maximum penalty of \$10,000 for an individual and \$50,000 for a body corporate.

The information in this application is true and correct to the best of my knowledge.

I consent to the Work Health Authority making enquiries and exchanging information with WHS Regulators in other States, Territories or the Commonwealth regarding any matter relevant to this application.

Applicant name:		
Applicant signature:	Date:	

Privacy statement

The Northern Territory Government respects and is committed to safeguarding the confidentiality and privacy of the information that it collects and handles, in accordance with the *Northern Territory Information Act* 2002.

You have been asked to provide personal information necessary for us to meet your application requirements. You do not have to provide your personal information but if you choose not to, this application will be incomplete and we will be unable to process it.

The information you provide will be accessible to NT WorkSafe and will only be used to provide a department service or program. We will not disclose your personal information to third parties unless, authorised or required by law to do so you have given us consent to share your personal information for a specific purpose.

You may request access to the personal information we hold about you. If you want more information about the Northern Territory's privacy laws, please refer to the Northern Territory Information Act 2002, or the Office of the Information Commissioner NT.

Lodgement

Complete applications can be lodged in person, email or via post at a <u>Territory Business Centre</u> below:						
Darwin	Building 3, Darwin Corporate Park, 631 Stuart Highway Berrimah NT.					
Katherine	Big Rivers Government Centre, 5 First Street Katherine					
Alice Springs	prings Ground floor, The Green Well building, 50 Bath Street Alice Springs					
Tennant Creek Barkly Business Hub, 63 Haddock Street Tennant Creek						
Phone: 1800 193 111 Email: territorybusinesscentre@nt.gov.au Postal: GPO Box 9800, Darwin, NT 0801						

Payment details

A fee is payable on lodgement of this application form. Payment can be made by:

- Cash (in person only); or
- Cheque (made out to Receiver of Territory Monies); or
- Credit card (Visa or MasterCard accepted in person or over the phone). Note: A staff member from the Territory Business Centre will contact you via phone for payment.

Dustries Control vitte Control vite provide payments								
Payment date:		Receipt number:		Amount paid:				